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## BIB DATA SHEET

CONFIRMATION NO. 3915

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/851,745	05/09/2001	705	3626	HTHC 3423000
<b>RULE</b>				
<b>APPLICANTS</b> William Rex Akers, Colleyville, TX; Jeff W. Canterbury, Fort Worth, TX; Blake B. Miller, Austin, TX; Craig Alan Walker, Austin, TX; James R. King, Waxahachie, TX; Jerry L. Graves, Benbrook, TX; Jay Travis Patterson, Arlington, TX; Robert J. Normyle, Colleyville, TX; Kevin P. Hale, Fort Worth, TX; Brandon T. Watts, Park City, UT; Karen D. Rau, Farwell, MT;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/05/2001				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROBERT A SOREY/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> CARR LLP 670 FOUNDERS SQUARE 900 JACKSON STREET DALLAS, TX 75202 UNITED STATES				
<b>TITLE</b> System and method for electronic medical file management				
<b>FILING FEE RECEIVED</b> 688	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	